RECEIVED
NO.721 CENTRAL FAX CENTER
P.1/10

ØEC 0 2 2003

OFFICIAL

Atty Docket No. 082376-000000

PTO FAX NO.:

1-703-872-9306

ATTENTION:

Examiner David A. Lambertson

Group Art Unit 1636

OFFICIAL COMMUNICATION

FOR THE PERSONAL ATTENTION OF

EXAMINER David A. Lambertson

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following document(s) in re Application of Nisimoto, I., Application No. 10/088,699, filed March 18, 2002 for METHOD OF SCREENING DISEASE DEPRESSANT GENE

is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

- 1. Transmittal Form (1 page);
- 2. Petition for a 1 (ONE) Month Extension of Time (1 page, in duplicate); and
- 3. Supplemental Response to Restriction Requirement (6 pages).

Number of pages being transmitted, including this page: 10

Dated: December 2, 2003

Jodie M. Rivas

PLEASE CONFIRM RECEIPT OF THIS PAPER BY RETURN FACSIMILE AT
(415) 576-0300

TOWNSEND and TOWNSEND and CREW LLP Two Embarcadero Center, Eighth Floor San Francisco, CA 94111-3834 Telephone: 650-326-2400

Fax: 650-326-2422

60093414 VI

PTO/SB/21 (08-03)

TRANSMITTAL FORM (to be used for all correspondence after initial filling)			Application Number		10/088,699							
			Filing Date		March 18, 2002							
			First Named Inventor		NISHIMOTO, IKuo							
			Art Unit		1636							
			Examiner Name		David A. Lambertson							
Total Number of Pages in This Submission	9	Attorne	y Docket Number	0823	376-000000US							
ENCLOSURES (Check all that apply)												
Fee Transmittel Form	☐ Drawir		:		After Allowance Communication	∞ Group						
Fee Attached	Licens	ing-related	Papers	Appeal Communication to Board and Interferences	of Appeals							
Supplemental Response to Restriction Requirement	Petitio	n	:		Appeal Communication to Group Notice, Brief, Reply Brief)	(Appeal						
After Final		n to Conve ional Appli			Proprietary Information							
Affidavits/declaration(s)			y, Revocation apondence Address		Status Letter							
Extension of Time Request (1 page, submitted in duplicate)			ner		Other Enclosure(s) please identify below):							
Express Abandonment Réquest			et for Refund umber of CD(s)									
Certified Copy of Priority Document(s) Remar			The Commissioner is authorized to charge any additional fees Account 20-1430.									
Response to Missing Parts/ incomplete Application			:									
Response to Missing Parts under 37 CFR 1.52 or 1.53												
S	IGNATURE O	F APPLIC	CANT, ATTORNE	Y, OR A	GENT							
Firm Townsend an	d Townsend a	nd Crew	LLP									
individual Harrison/F, D	Harrison, F. Dillon Reg, No. 45,861											
Signature												
Date 12/2/03												
CERTIFICATE OF MAILING												
I hereby certify that this correspondence is being facsimilie transmitted to Technology Center 1600 of the United States Patent and Trademark Office, Fax. No. (703)872-9306 on 12 - 02 - 03												
Typed or printed name Jodie H. Rivas												
Signature	mei			Date	Dec. 2,200	3						

60091385 v1

PETITIO	N FOR	EXTENSION OF TIME	UNDER 37	FR 1.136(a)	Docket Number (Optional) 082376-000000US	-10/46/22 (00-00)
		In r	Application of	Nisimoto, I.		
ļ		App	lication Number	r 10/088,699	Filed March 18, 2002	
		For	METHOD C	FSCREENING	DISEASE DEPRESSANT GENE	
		Art	Unit 1636	Ex	caminer David A. Lambertson	
This is a (request n.	under the provisions of 37	CFR 1.136(a)	to extend the per	riod for filing a reply in the above	identified
The requ	ested e	tension and appropriate n	on-small-entity	fee are as follow	s (check time period desired):	
	\boxtimes	One month (37 CFR 1.17	(a)(1))		\$110	
		Two months (37 CFR 1.1	7(a)(2))	•	\$	
		Three months (37 CFR 1	.1 7(a) (3))	:	\$	
		Four months (37 CFR 1.1	7(a)(4))	1	\$	
		Five months (37 CFR 1.1	• • • • •	!	\$	
	Applic by on	ant claims small entity state- half, and the resulting fee	tus. See 37 CF o is: \$.	R 1.27. Therefo	ore, the fee amount shown above	is reduced
		ck in the amount of the fee		,		•
	Paym	ent by credit card. Form P	TO-2038 is att	ached.		
	The D	irector has aiready been a	uthorized to ch	arge fees in this	application to a Deposit Account,	
凶	The D	irector is hereby authorize at Account Number 20-143	d to charge any	y fees which may	be required, or credit any overpa	syment, to
	I have	enclosed a duplicate copy	of this sheet.)		
I am th	e 🗆	applicant/inventor.		!		
		assignee of record of the Statement under 37 (
		attorney or agent of recor	d. Registration	Number		
	\boxtimes	attorney or agent under 3	7 CFR 1,34(a),			
		Registration number if acting yr	ider 37 CFR 1.34(d). <u>45,661</u> .		
		information on this form Provide credit card inf			ard information should not be in PTO-2038.	ncluded
_		2/03		<u></u>	di-lic	
		Date		:	Herrem Dillon	
					Typed or printed name	
		all the inventors or assignees of re required, see below.	cord of the entire in	njerest or their repress	entative(s) are required. Submit multiple fo	erom ji am
⊠ *Total	of 1 for	n is submitted.				

60091390 v1